

Case Number:	CM15-0118406		
Date Assigned:	06/26/2015	Date of Injury:	06/15/2013
Decision Date:	07/29/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/18/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 35 year old female who reported an industrial injury on 6/15/2013. Her diagnoses, and/or impressions, are noted to include: cervical degeneration, herniation, stenosis and spondylolisthesis; and chronic neck and right upper extremity pain, repetitive strain disorder. Recent electrodiagnostic studies are stated to show normal results; no current imaging studies are noted. Her treatments are noted to include physical therapy; very conservative medication management as she was nursing a newborn baby; and modified work duties. The progress notes of 5/14/2015 reported pain in the right side of the neck that radiated to the right upper extremity; pain, numbness and tingling in both hands; pain in the elbow and biceps; that her pain is aggravated by activities; and she complained of poor quality of sleep due to pain. Objective findings were noted to include: tenderness to the right cervical para-spinal muscles and full cervical range-of-motion with pain upon flexion; and positive Tinel's over the medial elbow and tenderness throughout the biceps and forearm with normal range-of motion in the right upper extremity. The physician's requests for treatments were noted to include a trial of acupuncture to help her through the pain of beginning to exercise, noting that neither surgery nor injection therapy would make a difference in her persistent pain, which required exercise to strengthening her body and mind.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Trial of acupuncture 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (physical therapy, oral medication, work modifications and self care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 8 sessions, number that exceeds the guidelines recommendations without documenting any extraordinary circumstances, the request is seen as excessive, and therefore is not medically necessary.